TREAT THE PATIENT, DOCTOR

Jim Rathlesberger, MPA
Executive Officer, Board of Podiatric Medicine
Medical Board of California
Department of Consumer Affairs
Jim_Rathlesberger@dca.ca.gov
916-263-2650 Direct

The Board of Podiatric Medicine is the authority on DPM scope of practice, which is outlined in Section 2472 of the Medical Practice Act.

All doctors are limited by law to their competence and specialty. As some want applied to all, this is defined in the law itself for DPMs. In practice, it works the same--for a foot and ankle specialist as for a hand (hand & wrist?) surgeon.

Bear in mind:

- ❖ The State licenses DPM foot & ankle specialists specifically to provide your expertise and services to Californians
- Scope of practice refers to what you treat--it is not a limit as to what you may touch
- Your scope includes using all modes and modalities to treat conditions affecting the lower extremity

Anyone may call or e-mail us directly anytime if they have further questions.

Decades ago, DPMs often allowed others having vested interest in limiting them to define podiatric scope. Sometimes it was other providers being anti-competitive or non-collaborative. Other times it was house attorneys avoiding the work of arguing your rights. Today, podiatric medical doctors are too important an asset to California healthcare to not fully utilize your skills.

Podiatric medicine is a small specialty, and some remain unfamiliar with it. Your association is doing more and more to communicate this. Don't let anyone say a DPM cannot do something within your individual training and competence that a lesser-trained, non-specialist would within theirs as a standard operating procedure, for the same condition. That would turn licensure by specialty upside down.

The focus is on quality of care. Use your expertise and training to care for Californians.

NB: There are two specific limitations within B&P Section 2472. Only anesthesiologists and CRNAs *administer* general anesthesia, and since your specialty is described in the law this is mentioned in paragraph (c). You can order generals, and administer locals and sedations.... A political compromise that got AB 932 enacted in 2004 limits amputations--see (d)(1)(C): i.e., to "no further proximal than the Chopart's joint." ...BPM has long interpreted "surgical treatment of the ankle to include those parts of the tibia, fibula, their malleoli and related structures as indicated by the procedures." [http://www.bpm.ca.gov/lawsregs/callaw.shtml]

High standards so Continuing Competence so Reducing medical errors so Preventing patient harm